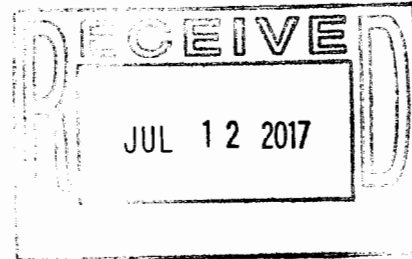


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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

Thomas JOHN Burns JR.



(In the space above enter the full name(s) of the plaintiff(s).)

17 3115

- against -

- 'BCCF' Mental Health Dept
- 'BCCF' ACTIVE Mental Health Supervisor
- 'BCCF' - Dr. Karen, Mental Health
- Bucks County Correctional Facility
- Bucks County Jail 'MCCC'

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☐ Yes ☒ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Thomas JOHN Burns JR

ID # 094198

Current Institution Bucks County Correctional Facility

Address 1730 South Easton Rd

Doylestown Pa 18901

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name 'BCCF' Mental Health Dept Shield # _____
Where Currently Employed 'BCCF' Mental Health Dept
Address 1730 South Easton Rd
Doylestown Pa 18901

Defendant No. 2 Name Dr. Karen Shield # _____
Where Currently Employed 'BCCF' Mental Health Dept
Address 1730 South Easton Rd
Doylestown Pa 18901

Defendant No. 3 Name Active Supervisor - Mental Health Shield # _____
Where Currently Employed 'BCCF' Mental Health Dept
Address 1730 South Easton Rd
Doylestown Pa 18901

Defendant No. 4 Name Bucks County Corrections Shield # _____
Where Currently Employed 'BCCF' - Prison
Address 1730 South Easton Rd
Doylestown Pa 18901

Defendant No. 5 Name 'BCCF' - MCCC/work-release Shield # _____
Where Currently Employed Bucks County Jail
Address 1730 South Easton Rd
Doylestown Pa 18901

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? Bucks County Correctional Facility

B. Where in the institution did the events giving rise to your claim(s) occur? Bucks County Mental Health Department

C. What date and approximate time did the events giving rise to your claim(s) occur? 10:15 AM

ON OR about 4-19-17.

Exact Date Logged.

What happened to you?

D. Facts:

SEE Attached
"Exhibit - A"

Who did what?

Was anyone else involved?

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Hightened Anxiety, Psychosis, Paranoia, Profound Depression, Nervousness, Distorted thinking, Hallucinations, Mood Swings, Inability to Concentrate, Hightened Energy, Lacking of Energy, Sleeping ISSUES

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a

prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Bucks County Correctional Facility

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Bucks County Correctional Facility

1. Which claim(s) in this complaint did you grieve?

Medical/Mental Health Malpractice

2. What was the result, if any?

Criminal Charges, Neglect of treatment

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

Met with Mental Health 'Four' individual times. Each time asked if Releases I signed to "help verify" meds history had returned. I was referred to Dr. for re-diagnosis all four times. Still awaiting that meeting. The week of 6-25-17, mental health verbally confirmed these errors. Stated meeting with their Supervisor was needed.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. The grievance prepared does not relate to my particular claim. It cannot relieve my claims. It was filed as proper procedure to initiate this current process of filing the '1983' Form.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

SEE Exhibit "B"

VI. Previous lawsuits:

Yes ____ No ~~X~~

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

3. Docket or Index number _____

4. Name of Judge assigned to your case _____
5. Approximate date of filing lawsuit _____
6. Is the case still pending? Yes ____ No ____
If NO, give the approximate date of disposition _____
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

C. Have you filed other lawsuits in state or federal court?

Yes ____ No ☒

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this ____ day of July, 2017.

Signature of Plaintiff _____

Inmate Number 094798

~~THREE~~ THREE
COPIES.

"Exhibit - A"

6-28-17

TO: Mental Health Dept Supervisor

FROM: Thomas J Burars # 094198

Reason: On or Around the Date of 4-19-17 I was scheduled to see your Department For a "Mental Health Screening." It is to my knowlege that this screening was required to be done because of my mental health history. Its also to my knowlege this screening is to be part^{of a} "whole" screen for clearance to be housed at the Community Corrections Center. As I was already housed at the mens center, This appointment was a barrier for me to start institutional employment. This appointment also interfered with my already obtained Community employment At the mens Center with "Ambler Industries". It was my expectation to be placed on medication I have taken for mental health Illnesses. This medication and original diagnosis date back to 2003. 2003 to current date also involves 11 state & County Correctional facilities, 3 mental health facilities, all within 3 total states. Most recently confiered with the Dept of Socarl Security Administration. Officialy through Harrisburg. As normal procedure in this particular matter seems to be backwards, I was transported to the prison to meet with a Dr. Karen. It was determined upon end of interview that the opinion of my mental health and its treatment had changed. This conclusion was inconsistent with a 14 year consistency of proffesional Diagnosis Centers. Dr. Karen Stated her opinion would be as it

was & that I would be cleared for "work-release". It was agreed to meet again, one week after this visit as a precaution and or safety net to her professional conclusion. My Diagnosis are as follows..."Post Traumatic Stress Disorder"

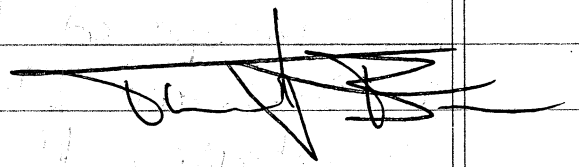
- Bi-polar Depression
- Schizophrenia

I require medication that can be verified in any way From 2003-Present. In New Jersey, Florida, Pennsylvania, and Harrisburg. Along with S.C.I. Graterford, Camp Hill, & Mahanoy. Those Jails being in P.A. Only. The Medications are as follows.

- 1000 mg Depakote
- 2mg stelazine

Other medications are not permitted & not replaced, within prison system. The Mental Health Department made a Critical Error in the maintenance of my mental health treatment. The side effects of being un-medicated has had an entirely Profound Effect on my life & decision making. Along with institutional behavior. The Severity of this Error made by your department resulting in New & current Criminal proceedings. These Errors were "verbally" confirmed by mental health dept during 6-25-17 to 6-30-17. Stated it was necessary to meet with their Supervisor.

- Thomas J Burns -
094198



"Exhibit = B" {THREE COPIES}

6-28-17

It is well established by the facts set forth, That the Bucks County Correctional Facility Mental Health Department is responsible for the "Medical/Mental Health Malpractice" of the plaintiff. This most recent "professional clinical ERROR" has resulted in the discontinuance of life sustaining medication for severe Mental Health Disorders. This lack of medication & insufficient treatment has had an entirely profound effect on the decision making & behavior modification of the plaintiff. The severity of the facts listed range all the way to pending criminal proceedings. These consequences are astronomical & completely detrimental to the plaintiff.

The plaintiff first seeks reasonable mental health treatment. Expecting medications consistent with the medications taken for the last 14 years, and or, any replacement required. The plaintiff seeks a fair & completely ~~thorough~~ investigation into Bucks County Jail's proper screening procedures. This investigation may very well reveal factual evidence that the process used specifically for the plaintiff's screening as it relates to "Housing & Custody level", was in fact an error as well. The plaintiff seeks no other than complete "mitigation" in the criminal proceedings brought against him. It is a firm belief that a dismissal in its entirety is not un-realistic, but more appropriate.

The plaintiff is open to any satisfactory outcome for or negotiations for relating to financial compensation. This compensation for physical & emotional distress and wrongful incarceration.